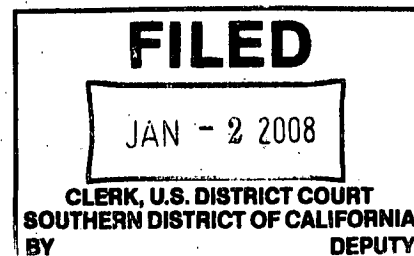


OLIVER MATTHEWS FAC-1 3/3/64
 PLAINTIFF/PETITIONER/MOVANT'S NAME
1K39692
 PRISON NUMBER

RICHARD J. DONOVAN STATE PRISON
 PLACE OF CONFINEMENT
480 ALTA RD.
P.O. BOX 799001 SAN DIEGO, CA. 92179
 ADDRESS



**United States District Court
 Southern District Of California**

2254	1983
FILING FEE PAID	
Yes	No <input checked="" type="checkbox"/>
HFP MOTION FILED	
Yes	No <input checked="" type="checkbox"/>
COPIES SENT TO	
Court	ProSe <input checked="" type="checkbox"/>

OLIVER MATTHEWS 1K39692
 Plaintiff/Petitioner/Movant

v.
BOARD OF PAROLE HEARINGS
STATE OF CALIFORNIA
HEARING OFFICER: K. BAKER
 Defendant/Respondent

Civil No.

'08 CV 0011 JLS PCL

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, _____
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration RICHARD J. DONOVAN STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. None.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. self.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): None.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None.

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. Homeless pan handling.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-10-2007

DATE

Olin Martin A

SIGNATURE OF APPLICANT

CERTIFIED STATEMENT OF TRUST ACCOUNT

I, OLIVER MATTHEWS, K39692, FAC-2 GYM/1094
 Name: CDC #: Housing Unit
 am seeking to bring a civil action or appeal a judgment in
Superior Court of San Diego, CA. without prepayment of fees
 Title of the Court: (i.e. U. S. District Court)
 (In Forma Pauperis) pursuant to 28 U.S.C. 1915(a) (2).

Enter the caption for the legal action:

OLIVER MATTHEWS K39692 v. BOARD OF PAROLE HEARINGS - STATE OF CALIFORNIA
 Plaintiff: Hearing Officer: K. BAKER
 Defendant:

Address of the Court:

Clerk of U.S. District Court
880 FRONT Street/Room 4290
SAN DIEGO, CA. 92101-8900

In order to proceed, a certified copy of my Trust Fund Account must be submitted to the court of jurisdiction. I understand that CDC regulations and the court require that the certified copy be submitted directly to the Court from the Institution's Accounting office. I request a statment be sent to the court.

Oliver Matthews
 Inmate Signature:

This form must be submitted to the Central Librarian who will log the request in and forward the form to the Accounting office at the institution for processing.

The Inmate Request For Certified Statement Of Trust Account was received in the Central Library on, 12-11-07,
 Date:

by Juan Laguna, LTA
 Name of Librarian who logged request

A Certified Statement Of Trust Account for a six month period from 5-1-07 through 12-16-07 for the above
 Date: Date:
 identified inmate was processed through the Accounting Office at the Richard J. Donovan Correctional Facility on, 12-16-07, by C. Rodriguez
 Date: Name of person processing

I, C. Rodriguez declare that on, 12-16-07, I
 Name of person processing Date:
 deposited the Certified Statement of Trust Account in the United States Postal Service addressed as follows.

Signed:

C. Rodriguez
 Signature of employee mailing statement

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Oliver Matthews Jr.
(NAME OF INMATE)

K39692

(INMATE'S CDC NUMBER)

has the sum of \$.09 on account to his/her credit at

Richard S. Donovan Correctional Facility
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 4.50

and the *average monthly deposits* to the applicant's account was \$ 4.50

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

12-16-07

DATE

C. Rodriguez

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

C. Rodriguez

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, OLIVER MATTHEWS K39692, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$250 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

12-10-2007

DATE

Oliver Matthews

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701

REPORT DATE: 12/17/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC. 17, 2007

ACCOUNT NUMBER : K39692 BED/CELL NUMBER: F2GY00000000109U
ACCOUNT NAME : MATTHEWS, OLIVER JR ACCOUNT TYPE: I
PRIVILEGE GROUP: U

TRUST ACCOUNT ACTIVITY

TRAN DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
05/01/2007		BEGINNING BALANCE					0.00
10/31	*DD30	CASH DEPOSIT	2232/POBOX		9.00		9.00
11/02	W501	SHIPPING CHAR	2298/UPS			3.91	5.09
11/05	*DD30	CASH DEPOSIT	2304/POBOX		18.00		23.09
11/15	FC04	DRAW-FAC 4	2539/F43RD			23.00	0.09

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/07/97 CASE NUMBER: *SCD101913
COUNTY CODE: *SD FINE AMOUNT: \$ 1,500.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
05/01/2007		BEGINNING BALANCE		1,500.00
10/31/07	DR30	REST DED-CASH DEPOSIT	10.00-	1,490.00
11/05/07	DR30	REST DED-CASH DEPOSIT	20.00-	1,470.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	27.00	26.91	0.09	0.00	0.00

CURRENT
AVAILABLE
BALANCE
0.09



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

12-16-07
CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE